PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEB (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and reduced otherwise in Block 1, by (a) specifying a new correspondence address; and principated unless corrected below or discusted unlesses of the property of the ADDRESS of the property of the ADDRESS of the A

| CURRENT CORRESPONDENCE | E ADDRESS (Note: Use Bi | ock 1 for any change of address) | Not Fee pap | c: A certificate of mailings) Transmittal. This cert ers. Each additional papers is own certificate of mailings. | ig can only be used for ilicate cannot be used for r, such as an assignme | r domestic mailings of the or any other accompanying nt or formal drawing, mus |
|--|---|---|--|--|---|---|
| 56744 759 | 90 02/01 | /2011 | nav | . na own ecitineac of na | anng or transmission. | electronic |
| Albemarle Nether Patent and Tradema 451 Florida Street Baton Rouge, LA 76 | ark Department | | Line Stat add Juan | reby certify that this Fee as Postal Service with su essed to the Mail Stop smitted to the DSPUL (2 | e of Mailing or Trans (s) Transmittal is being Hielent postage for fire 1530E FEE address 11271-285, on the d | mission electronic deposited with the Unite declass mail in an envelop attore, or being facsimit ate indicated below. |
| Daton Rouge, Dri 7 | 0001 | | l s | rah Marshik. | | (Depositor's name |
| | | | | Marshik | | (Signature) |
| | | | | april 28,5 | YOH . | (Date |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | DRNEY DOCKET NO. | CONFIRMATION NO. |
| 10/574,228 06/11/2007 | | | Marcel Adriaan Jansen | ACH-3018 | | 2145 |
| | | | T | | I month company | |
| | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 05/02/2011 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| LIAO, DIANA J Change of correspondence address or indication of | | | 502-027000 2. For printing on the p | G End | | |
| CFR 1.363). | | | C) here are of a proposition region of a proposition of the company of the compan | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number Is required. | | | | | | |
| | | | THE PATENT (print or type | | | |
| | | fied below, no assignee letion of this form is NO | data will appear on the pa T a substitute for filing an | | | ocument has been filed fo |
| A) NAME OF ASSIGNED | Е | | (B) RESIDENCE: (CITY | _ | TRY) | |
| Albemarle Europe, SPRL | | | Louvain-la-Neuve, Belgium | | | |
| Nippon Ketjen Co., Ltd. Please check the appropriate assignee category or categories (will not be pr | | | Tokyo, Japan rinted on the patent): Individual Corporation or other private group entity Government | | | |
| The following fee(s) are su | abmitted: | 41: | . Payment of Fee(s): (Plea | se first reapply any pre | viously paid issue fee s | shown above) |
| Issue Fee | | | A check is enclosed. | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit can | | | e |
| Advance Order - # of Copies | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (1) (c) (enclose an extra copy of this form). | | | |
| hange in Entity Status (f a. Applicant claims SM, | | | b. Applicant is no long | or eleiming SMALT EN | TITV status San 37 CE | EP 1 27(a)(2) |
| | | | d from anyone other than the Office. | | | |
| rest as snown by the record | us of the United State | es ratent and trademark | Office. | | | |
| Authorized Signature | | | | Date 4-28- | | *************************************** |
| yped or printed name | | | | Registration No4 | | |
| collection of information pplication. Confidentiality nitting the completed appl form and/or suggestions for 1450, Alexandria, Virgini | is required by 37 CF is governed by 35 t lication form to the or reducing this burd in 22313-1450. DO | R 1.311. The informatio J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C | in is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO | stain a benefit by the pub mated to take 12 minute dual case. Any commen r, U.S. Patent and Trades THIS ADDRESS. SEN | lic which is to file (and s to complete, includin ts on the amount of tin nark Office, U.S. Depa D TO: Commissioner i | by the USPTO to process g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.